

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90197 026 ****50.00

DOCUMENT # L06000069194

1. Entity Name
THE THIRD PLACE, LLC



Principal Place of Business
**5323 6300 SW 91ST TERRACE, SUITE 4
GAINESVILLE, FL 32608**

Mailing Address
**5323 6300 SW 91ST TERRACE, SUITE 4
GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5196555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEREE, MICHAEL
5300 SW 91ST TERRACE, SUITE B-9124 SW 51 ROAD
GAINESVILLE, FL 32608
#B-202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DERE, MICHAEL
STREET ADDRESS 5300 SW 91ST TERRACE, SUITE B-9124 SW 51 ROAD, #B-202
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGR ☐ Delete
NAME JONES, BARRY
STREET ADDRESS 5300 SW 91ST TERRACE, SUITE B-9124 SW 51 ROAD, #B-202
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGR ☐ Delete
NAME Jennifer Byrnes
STREET ADDRESS 4732 SW 97 Dr.
CITY-ST-ZIP Gainesville, FL 32608

TITLE MGR ☐ Delete
NAME Jason Kuntz
STREET ADDRESS 4732 SW 97 Dr.
CITY-ST-ZIP Gainesville, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

M. Deree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/4/07

352-3748505